

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A.** Full Name (Last, First, Middle Initial)  
**MS. PATRICIA D. SCHWARZMANN**  
Mailing Address 1250 AMHERST AVE., XXX

City State Zip Code  
LOS ANGELES CA 90025-1150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NONE

Occupation  
WRITER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.00

**Transaction ID : SA17.990942**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 15 / 2016

## **CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER SCHWALBE**  
Mailing Address 185 MADISON AVENUE

City State Zip Code  
NEW YORK NY 10016-4325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HILSON MANAGEMENT

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.948503**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 23 / 2016

## **CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. PETER SCHWALBE**  
Mailing Address 185 MADISON AVENUE

City State Zip Code  
NEW YORK NY 10016-4325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HILSON MANAGEMENT

Occupation  
REAL ESTATE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

**Transaction ID : SA17.963428**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 31 / 2016

## **CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page** (optional).....

400.00

**Total This Period** (last page this line number only) .....